

## Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1.	Name of Facility		
	Klinger fower		
2.	Facility Address 151 Peach Basket Rd. Felton, DE 19943		
	Is the facility located within the PJM control area? If No, does the Facility have import capabilities <sup>1</sup> ?	□ Yes □ Yes	□ No
3.	Name of Owner  Say Klinger  Mailing Address		
	151 Peach Basket Rd. Felton, DE 19943		
	Phone <u>302-922-4683</u> Fax		
	Email Caustry Cabin Slegmail.com		
4.	Name of Operator Jay Klinger		
	FeHon, DE 19943		
	Phone <u>301-932-46F3</u> Fax	Mildred Land	
	Email <u>Country</u> Cabin 151 @ amail. com		

Rev. 8-11-2015

<sup>&</sup>lt;sup>1</sup> Documentation will be required to substantiate import capabilities into PJM

5.	Name of Contact Person				
	Go Liberty Services				
	Mailing Address				
	3700 Kirkwood Huy Suite 106				
Wilmington, DE 19808					
	Phone 301- GGO - 2187 Fax 303 - 317 - 2504				
	Email Solar@goliberty.co				
6.	Name of REC/SREC Owner  Toy Klinger  Mailing Address				
	Mailing Address				
	151 Peach Basket Rd.				
	Felton, DE 19943				
	Phone 302 - 932 - 4683 Fax				
	Email County Cabin Slegmail.com				
7.	List all PJM-EIS GATS State Certification Numbers assigned to this facility:				
8.	Operational Characteristics:				
	Fuel Types Used (check all that apply):				
	☐ Gas combustion from the anaerobic digestion of organic material				
	☐ Geothermal				
	☐ Ocean, wave or tidal actions, currents, or thermal differences				
	☐ Qualified Biomass <sup>i</sup>				
	☐ Qualified Fuel Cells <sup>ii</sup>				
	☐ Qualified Hydroelectric <sup>iii</sup>				
	☐ Qualified Methane Gas captured from a landfill gas recovery system <sup>iv</sup>				

	<b>又</b> Solar				
	☐ Wind				
	If co-firing, provide the formula on file with PJM Environmental Information				
	Services, Inc. (PJM-EIS)				
	Rated Capacity (in megawatts - DC). COGHT				
	If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.				
	Facility Final Approved Interconnection Date 6-10-15				
	If co-firing with fossil fuels, co-fire start date				
	If co-firing with fossil fuels, attach the allocation formula on file with PJM.				
9.	Is the Applicant's facility customer-sited generation of the Applicant of				
	Is the Applicant's facility a community owned generating facility vi? ☐ Yes     No				
	Can the output from the customer-sited generation be appropriately metered?  Yes  No				

		f the renewable e nufactured in Dela		ent, inclusive of mounting
☐ Yes*		⊠ No		
Go Lib Company	erty Se Name of Ir	nstaller	Maylii Signature of C	Rodrugica Company Representative
Address Wilmin Address	gton, [	Hwy DE 1970F	Kaylin Print Name of	Rodriguez F Company Representative
• A copy facility	of the supp identified If the supp the compa used/insta If using a n	lier's invoice shows ny's matching PO th lled, must also be su naster invoice, a reco	g Delaware manu only a coded Purc at includes the ac pplied ord of the draws a	factured equipment with this chase Order (PO) number, a copy of diress where the materials were against the purchased quantity, on ach use and the quantity of materials
11. If the A	pplicant's	installation is sol	ar or wind site	d in Delaware:
соі		lity physically cor t least 75% Delaw No		stalled with a workforce that
		talling company e aware residents?	employ, in tota	l, a minimum of 75% workers
	Yes*	<b>⊠</b> No		
Go Li	serty <	Services	Mayle	1000
, ,	Namé of Ir	istalier		Company Representative  Rodriguez
Address Address		d Huy Suite	Print Name o	f Company Representative

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of

<sup>\*</sup>If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

I, Kaylin Rodriguez (print name) hereby certify under penalty of perjury that

- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- 3. I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature:	Maylin	Rodinga	
Date:	1-6-15		